Trinitas Regional Medical Center

October 26, 2017

Presenter Bio

Sal Sabeela Karim-Orbay , BSN

- Title : Clinical System Director
  - Role in the DSRIP project:
    - Manage the data capture for submission in the Standard Reporting Workbook (SRW)
    - Serve as a liaison between the IT department, Performance Improvement and Clinical Team in collecting data for the SRW.
    - Attend Monthly DSRIP Board Meetings to provide and share input on Data collection

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Learning Objectives

- Impacts and influence on Stage 3 performance results

- Procedures used to report and validate Chart/EHR performance measures

Trinitas Regional Medical Center

- Established 2000, TRMC reflects the merger of St. Elizabeth's and EGMC
- Full-service healthcare facility
- Two major campuses
- 554 Beds
- 17,000 inpatients annually
- 70,000 Emergency Patients
- HIMSS Stage 6 Recipient

DSRIP Project

Hospital-wide Screening for Substance Use Disorders

- Algorithm driven treatment for alcohol withdrawal
- Screening of all admissions
- Identified patients receive evidenced-based approach: Screening, Brief Intervention & Referral to Treatment (SBIRT)
- Depression screening (PHQ-9) provided to target patients
- Patients agreeable to substance abuse services are linked, by an Addiction Specialist, to outpatient treatment programs and other concrete services (housing, welfare benefits, primary care physicians)
- We do not have any reporting partners.

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What Impacts Stage 3 Measure Performance Results

Obstacles to success in 3 categories:

- Patient related (transportation, homelessness, multiple medical problems interfere with treatment and/or result in frequent readmission)

- Downstream Providers (incorrect billing/reporting, limited access to detox/rehab facilities)

- Metric (changes in attribution lists)

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Team: CHART/EHR Reporting

- IT department
- Clinical Team with expertise in the measures they are reviewing
- Performance Improvement Department
- Clinic Nurses for the outpatient measures
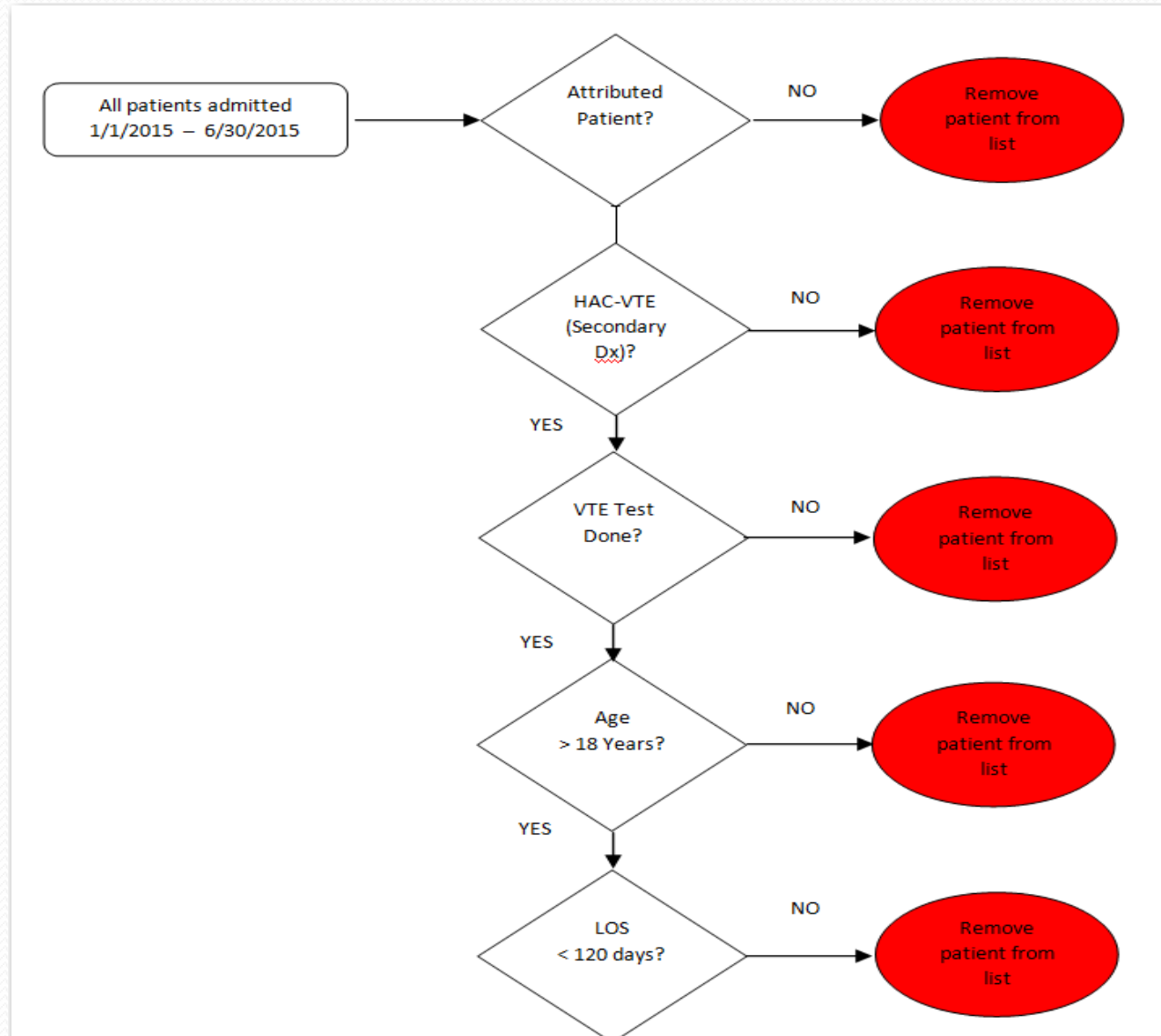- Outpatient Psych IT Admin

Results Preparation for SRW

- Meetings held bi-monthly or more
- Attributed list matched with DSRIP patients in our system
- Databook is shared among the team
- The reports are generated in our Clinical EHR
- The teams are then assigned for validation
- The final numerators and denominators are then submitted to IT to enter in the SRW

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Data Validation Process

- Initial group to review data book measures:
  - ➤ Include subject matter experts
  - ➤ Nursing, PI, IT, Report writer, Finance etc..
- Create teams for each measure
- Team activities:
  - ➤ Review data book
  - ➤ Understand numerator-denominator-exclusions
  - ➤ Consensus where to find data
  - ➤ Standardize data collection method
  - ➤ Chart review
  - ➤ Assist in report design to help with data collection-reporting

DSRIP 47 VTE Standardizing Data Collection

Data Validation Process

- Validation
  - Start with attribution list
  - Chart review: Do exclusions apply
  - Chart review: Does chart meet numerator-denominator definition
  - Refer to data book as needed
  - Send results to IT

Performance Review for Unmet Measures

DSRIP Measure #37 – Elective Deliveries

- Outliers reviewed with Dept. for patterns/trends
- Identified: Reason for procedure documented very inconsistently
- Reviewed with providers what and where in EMR to document exclusions
- Implemented a "Hard Stop" for elective induction/c-section
- Must get Dept. Chair (or designee) approval to perform (request form)

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Performance Review for Unmet Measures

DSRIP Measure #21 – CLABSI

- CLABSI Team reviews all outliers
  - Identified during validation: difficulty obtaining accurate Numerator data from electronic pull
- Clinical processes also reviewed with staff including competency with line: insertion, maintenance, and criteria for insertion and removal

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Lessons Learned

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- Enhance documentation:
  - Gestational age: Weeks-Days
- Transform manual documentation into electronic:
  - Use data book for guidance
- Team members change:
  - Document entire data collected process
- Strive for documentation consistency within record:
  - Should data be charted in 1 place within record

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Lessons Learned

- Review the old and new databook for changes along with the appendixes provided by Myers and Stauffer to recode reports for each SRW submission

- Electronic EHR data facilitates improved abstraction

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